

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 09/606582 | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|------|--------------------------------|-------------|--|
| | | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | |
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| TOTAL IND. | 20 | | 20 | | | | TOTAL IND. | | |
| TOTAL DEP. | 4 | | 4 | | | | TOTAL DEP. | | |
| TOTAL CLAIMS | 24 | | 24 | | | | TOTAL C/P | | |

PTO-1360 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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